



THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 8828**
Kazuhiko IKEUCHI : Attorney Docket No. 2005_0128A
Serial No. 10/524,593 : Group Art Unit 2631
Filed February 15, 2005 : Examiner Lloyd Weekes
SPEAKER GRILLE : **Mail Stop AMENDMENT**

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action of September 14, 2006, please amend the above-identified application as follows.



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IFW

IAP13 Rec'd PCT/PTO 14 DEC 2006

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PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$200.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty	\$
Independent	<u>\$200.00</u>
Multiple Dependent Fee	\$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

12/19/2006 GFREY1 00000018 10524593

Kazuhiko IKEUCHI

01 FC:1614

200.00 DP

By Charles R. Watts
Charles R. Watts
Registration No. 33,142
Attorney for Applicant

CRW/asd
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December 14, 2006

[Check No. 77805]
2005_0128A



THE FILER OR SPONSOR IS AUTHORIZED
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SPEAKER GRILLE : **Mail Stop AMENDMENT**

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY	LARGE ENTITY	
Total Claims exceeding 20 (not already paid for): x	(\$ 25 = \$)	or	(\$50 = \$)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$100 = \$)	or	(\$200 = \$200)
] <input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	<u>§</u>		<u>\$200.00</u>

Small entity status of this application has been previously asserted.

Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which

is enclosed or

has been previously submitted.

A check in the amount of \$200.00 is enclosed.

Please charge Deposit Account No. 23-0975 the amount of \$_____ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Kazuhiko IKEUCHI

By 
Charles R. Watts
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December 14, 2006